**Intermountain Region** 



## Teacher to Ranger to Teacher Program Application

Thank you for your interest in the Teacher to Ranger to Teacher program at Saguaro National Park. I'm happy to answer any questions you have about the program, what your experience will be like, and in what activities you will be participating. Please complete the application below and return to:

Chip Littlefield chip\_littlefield@nps.gov 520.733.5157

## Your information Name: School: Phone Number: Preferred email: Grade level / subject: Will you be teaching the same grade and subject next year? Yes No If no, Please explain: Please answer the following questions. (You may use a separate sheet) 1.) Can you commit to eight weeks of employment during the summer beginning Tuesday, May 28 and ending Friday, July 19? Please circle one: Yes No If no, what barriers exist that may compromise your ability to do the 8 week commitment? 2.) How will you incorporate your summer ranger experience with the park into your classroom and what type of activities will be of value to your students?

- 3.) In addition to wearing the National Park Service uniform during National Park Week, are you willing to wear the uniform to do other presentations about the National Park Service for your school and another district school?
- 4.) Why are you interested in this position and working at Saguaro National Park?

5.) How will you share information/ideas from this experience with fellow teachers?			
Please also submit:			
<ul> <li>principal approval page (attached)</li> <li>the names and telephone numbers of three (3) references</li> <li>a letter of support from a colleague</li> </ul>			
In applying for this position, I verify all the information I have supplied is correct.			
To a how?a Sign atoms			
Teacher's Signature Date			

## Principal Approval

I support	(Name of Teacher) in	participating in the Teacher to
	(Name of Teacher) in I understand there is an Intergovernm	
	nal Park Service. This agreement sup	ı C
E	mmer as a park ranger, while develop	
	ill allow this teacher to implement the	se activities into the classroom
with my review and approva	1.	
I will also allow this teacher	to actively participate throughout the	week of National Park Week
	this teacher is allowed to wear the Nat	
1 5	s about their summer experience in th	
this school. With the suppor	rt of our school district supplying subs	stitute teachers for one day, this
teacher is allowed to visit on	ne or two other schools on that day dur	ring National Park Week.
Principal Signature		
School:		
Phone number:		
email:		